

Program Transfer, Withdrawal or Refund Request

Adult/Guardian Name: _		
Participant Name/Names	5:	
Phone: Home:	Cell:	Work:
E-mail:		
CLASS/PROGRAM STAR	<u>T DATE:</u>	
TRANSFER:		
Class currently enrolled in: _		
Class to be transferred into: _		
WITHDRAWAL:		
Class withdrawing from:		
REFUNDS:		
Is this request for a full refun	d or pro-rated refund?	
Explanation of Transfer,		
		ers are available and must be made no less
than one full week pri	or to the first class. A \$5 servi	ice fee will be applied. Withdrawal/refund
-		prior to the first class. A \$5 service fee is
retained on each with		refunds for missed classes or withdrawals
	after the stated full v	veek poncy.
	Note: not all requests v	vill be granted
Signature:		Date: